COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

"A Tradition of Service"

OFFICE CORRESPONDENCE

DATE:

July 14, 2015

FROM:

INSON, COMMANDER TO: PATRICK A. NELSON, CAPTAIN

RAL PATROL DIVISION

LANCASTER STATION

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:

FO2362406

Incident:

Force

Incident Date:

July 31, 2014

Unit:

Lancaster Station

Suspect:

Raymond Govea, M/H 02/14/86

Involved Employees:

Deputy Michael Courtial# Deputy Jeremy Farley # Deputy Deputy

Deputy Deputy

EFRC Date:

July 9, 2015

The Executive Force Review Committee (EFRC) consisting of Commanders Stephen B. Johnson, Ralph G. Ornelas and Ralph J. Webb met and reviewed the above case.

FINDINGS:

The EFRC determined the use of force and tactics were within Department policy.

RECOMMENDATIONS:

The EFRC recommended that the Unit Commander conduct a tactical debriefing regarding the tactical deployment and assignment of roles during critical situations.

SBJ:JRB:jrb

COUNTY OF LOS ANGELES

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CENTIRAL PATRIOL DIVISION

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UNIT COMMANDER RESPONSE

- 1. Complete the form including the following signatures:
 - a. All involved personnel
 - b. Supervisors who advised involved personnel of the findings
 - c. Unit Commander
- 2. If training was recommended for involved personnel, see "Training Attended" section.
- 3. Return this form to the Executive Force Review Committee sergeant at IAB.

Incident Date:	July 31, 2013	Action Taken by Unit (briefing, counseling, training, etc.)
Unit:	Lancaster	TACTICAL DEBRIEF OF
Incident:	Force	INCIDENT COLOUTED WITH INVOLVED PERSONNEL.
File No.	FO2362406	HARDED LEKSONNET
EFRC Date:	July 9, 2015	

The above case was heard at the Executive Force Review Committee and its results were

Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	09/07/15 Date	Supervisor's Signature
Signature	Finit Name	<u>08/31/15</u> Date	Supervisor's Signature
Signature	Print Name	C%-36.15 Date	Supervisor's Signature
	Print Name	08-28-15 Date	Supervisor's Signature
Signature	Print Name	08-28-15 Date	Supervisor's Signature
Signature	Print Name	Date Date	Supervisor's Signature

Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Unit Commander's Signature:	Pill		Date: 09/08/15

Los Angele County Sheriff's Department Supervisor's Report on Use of Face Page 1 of 7

ncident Information Time: URN: 0 1 4 - 1 3 2 4 8 - 1 1 3 7 2320 Date: 07/31/14 East Avenue, J8 City or Station: Lancaster Location: YES INO North Patrol Division Admin. Investigation: Bureau/Station/Facility: Stunbag / Taser / Firm grip / Hobble, legs only / Handcuffing Type of Force: YES NO **O**2 Suspect Injury YES O NO Incident Category: 3 Deputy Injury: 01 Vehicle Pursuit Foot Pursuit Call Observation Detail IAB Roll Out YES NO IAB Notified: YES NO Person Notified: **David Flores** Emp: Involved Employee Middle I. ast Name First Name Rank DSG Courtial Michael Height: Weight: Race: ● EM O Day ● PM Regular Shift OT Shift Off Duty M () F 600 275 Work Assignment (Unit #, Module, etc.): Unit of Assignment: **Unit 112** Lancaster Station Individual Category Individual Force Used: C Directed C Rescue C Medical Assist O1 •2 Stunbag / Taser Coroner Case # Admitted Injured Treated Facility: Middle I. First Name ast Name Rank DSG Farley Jeremy Weight: Shift: Height: Age: Race: ○ EM ○ Day ● PM Regular Shift OT Shift Off Duty M O F W 507 170 Work Assignment (Unit #, Module, etc.): Unit of Assignment: Unit 112D Lancaster Station Individual Category Individual Force Used C Directed C Rescue C Medical Assist O1 **⊚**2 ()3 Stunbag / Firm grip / Hobble Coroner Case # Admitted Injured Treated Facility Last Name First Name Rank DSG Weight: Age: Race Height: ○ EM Day PM Regular Shift OT Shift Off Duty M OF Work Assignment (Unit #, Module, etc.): Unit of Assignment: Individual Category Individual Force Used: C Directed C Rescue C Medical Assist Stunbag / Firm grip / Handcuffing Coroner Case # Treated Admitted Injured Facility: Additional Involved Employees On Duty Supervisor Witness to Incident Present Emp # Last Name First Name Middle I. Rank SGT YES O NO 🖲 Luan YES O NO . Dang Supervisor Completing Investigation Witness to Incident Present Emp_# Middle I. SGT Uribe Jose YES () NO (YES () NO (Watch Commander / Supervising Lieutenant First Nan Last Na Commander / Supervising Lieutenant's Signature: Emp #: Copy Provided to Employee by: Patrick A. Nelson Date Unit Commander (Print Name) Unit Commander's Signature: DESCOVERY Use Only Original: Discovery Unit M PPI REVIEW COMPLETED

Copy: Unit Commander

SH-R-438P (Rev. 01/13)

Sur Prvisor's Report on Use of Frace SUSPECT INFORMATION

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

Page 2 of 7

		Suspect Information First Name Armed? Select											
Last Name Govea	First Name Ray	Middle Name Ronni	Armed? Select Not Armed										
AKA Last Name	First N		Middle Name										
Sex: Race: Age: Male Female M 28		D.O.B: Phone #1: O H	O W O C Phone #2: O H O W O C										
Street Address		City:	State & Zip Code:										
Booking #: 4048656 Primary Ch	arge Code: 273.5(a)	P.C. Secondary Charge Cod	e: 69 P.C. Criminal History										
Treated on Scene? YES NO N	lame: LAFD - Capta	in Pugh Unit: Engine	e #135 Phone #: 661-940-7700										
Hospital Admission? Rec'd Treatmen			Mental History User's guide provide direction on this entit										
By: Doctor Jawad Bermani Address: 1600 W. Avenue J, Lancaster 93534 Phone #: (661) 949-5000													
Under Influence: YES NO	Substance:	5150 a fa	ctor in force? YES NO User's guide provide direction on this entr										
Date: 08/01/14 Time: 0724	Audiotape:		of Injuries: ADMITS HEARING ANNOUNCEMENTS										
Last Name	Suspe First Name	ect Information Middle Name	Armed? Select										
AKA Last Name	First	Name	Middle Name										
Sex: Race: Age:	Height: D.O.B.	Weight: Phone #1: O H	○ W ○ C Phone #2: ○ H ○ W ○										
Street Address:		City:	State & Zip Code:										
Booking #: Primary Ch	arge Code:	Secondary Charge Coo	de: Criminal History										
Treated on Scene? YES NO	Ву:	Unit:	Phone #:										
Hospital Admission? Rec'd Treatme	nt At:	Coroner Case #:	Mental History User's guide provided direction on this en										
Ву:	Address:	Phone #:											
Under Influence: YES NO	Substance:	5150 a fa	ctor in force? YES NO User's guide provided in force on this en										
Date: Time:	to the same of the	Videotape: Photos	of Injuries: ADMITS HEARING ANNOUNCEMENTS										
Last Name	First Name	Middle Name	Armed? Select										
AKA Last Name	First	Name	Middle Name										
Sex: Race: Age:	Height: D,O.B.	Weight: Phone #1: O H											
Street Address:	•	City:	State & Zip Code:										
Booking #: Primary Ch	narge Code:	Secondary Charge Cod	de: Criminal History										
Treated on Scane? YES NO	Ву:	Unit:	Phone #:										
Hospital Admission? Rec'd Treatme	nt At: Address:	Coroner Case #:	Mental History User's guide providence direction on this early										
Under Influence: YES NO	Substance:	5150 a fa	actor in force? YES NO User's guide providenction on this e										
Date: Time:	Audiotape:	Videotape: Photo:	s of Injuries: ADMITS HEARING ANNOUNCEMENTS										
			Additional Suspects Involved										

8H-R-438P (Rev. 01/13)

Su prvisor's Report on Use of Frace EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

Page 3 of 7

			Employee Witness	^^		3	
Fan #	Last Name		Employee Witness First Name	es	Middle Na	me	
Emp. #	Last Mame	Carter		Ronald	INIGGIO ING	T.	
Unit of Assignment:		Work Assignment (Uni		Shift:	PM Poo	ular 🔿	OT Off Duty
Lancaster		Unit		EM C Day C		_	OI OII Daily
Emp. #	Last Name	Esswein	First Name	Jeremy	Middle Na	M.	
Unit of Assignment:	-	Work Assignment (Uni		Shift:			0= 0 0# Dut.
Lancaster		112		○ EM ○ Day ●	~	_	OT Off Duty
Emp. #	Last Name	Tanner	First Name	Aaron	Middle Na	me D.	
Unit of Assignment	1	Work Assignment (Uni	t #. Module, etc.):	Shift:			
Lancaster	Station	112		○ EM ○ Day ④	PM Reg	jular 🔘	OT Off Duty
			on-Employee Witne				
Last Name		First Name		Middle Name		Age	D.O.B.
Street Address			City	Zip Code	Phone #1		hone #2
Last Name		I First Name		Middle Name		Age	D.O.B.
Edd Hamo							
Street Address			City	Zip Code	Phone #1	F	Phone #2
Last Name		First Name		Middle Name		Age	D.O.B.
Street Address			City	Zip Code	Phone #1	F	Phone #2
Last Name		First Name		Middle Name		Age	D.O.B.
Street Address			City	Zip Code	Phone #1	F	hone #2
Last Name		First Name		Middle Name		Age	D.O.B.
Street Address			City	Zip Code	Phone #1	F	hone #2
Last Name		First Name		Middle Name		Age	D.O.B.
Street Address	_		City	Zip Code	Phone #1	F	Phone #2
Last Name		First Name		Middle Name	\perp	Age	D.O.B.
Circle Address			City	Zip Code	Phone #1	le le	Phone #2
Street Address			City	Zip Code	Filone #1		Hone #2
Last Name		First Name		Middle Name		Age	D.O.B.
Street Address			City	Zip Code	Phone #1	P	hone #2
Last Name		First Name		Middle Name		Age	D.O.B.
Street Address			City	Zip Code	Phone #1	P	hone #2

Sur prvisor's Report on Use of Frace INVOLVED EMPLOYEE - Continuation

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

Page 4 of 7

					Inv	olved Empl	уев				
E <u>4</u>	Employee #	ast Name				Firs	Name		N.	Aiddle .	Rank DSG
	Sex:	Race: W	Height: 508	Weight: 210	Age:	Shift: EA	Day	● PM	Regular Shift (OT Shift	Off Duty
ĺ	Unit of Assignment: Lancaster Station					signment (Unit	#, Module,		112G		
	Individual Force Us		Firm gri	n		C Directed C Rescue C Medical Assist					Category
Ì	Injured	Treated	Admitted							Corone	er Case #
E 5	England L	ast Name				Firs	Name		N.		Rank DSG
	Sex:	Race:	Height: 509	Weight:	Age:	Shift:	Day	○ PM	Regular Shift (OT Shift	Off Duty
	Unit of Assignment	t: caster S	tation		Work As	signment (Unit	#, Module,		112T2		
- 1	Individual Force Us		Firm gri	р			(Directed	Rescu	e (Medical Assist		Category)2 3
ı	Injured	Treated	Admitted	Facility:						Corone	er Case #
E 6		ast Name					Name		, A		Rank DSG
	Sex:	Race:	Height: 508	Weight: 175	Age:	Shift:	∩ O Day	○ PM	Regular Shift (OT Shift	Off Duty
	Unit of Assignmen Lar	t: ncaster S	tation		Work As	signment (Uni	#, Module,		111A		
	Individual Force Us	sed:	Hobble		Directed Rescue Medical Assist			G . O- O-			
	Injured	Treated	Admitted	Facility:							er Case #
E_	Employee #	ast Name				Firs	Name		A	Aiddle I.	Rank
	Sex:	Race:	Height:	Weight:	Age:	Shift: EN	Day	○ PM	Regular Shift(OT Shift	Off Duty
	Unit of Assignmen	t:			Work As	signment (Unit	#, Module,	etc.):			
	Individual Force Us	sed:					C Directed	f (Rescu	ue (* Medicai Assist		Category)2 \(\)3
	Injured	Treated	Admitted	l Facility:						Coron	er Case #
E_		ast Name	Lucia	18/2:	T. 4		Name		,	Middle I.	Rank
	Sex:	Race:	Height:	Weight:	Age:	Shift: OEI	A O Day	○ РМ	Regular Shift (OT Shift	Off Duty
	Unit of Assignmen	t			Work As	signment (Uni	#, Module,	etc.):			
	Individual Force Us	sed:					C Directed	Rescu	ue (* Medical Assist	01 (Category 2 3
	☐ Injured ☐	Treated	Admitted	Facility:						Coron	er Case #

Surrvisor's Report on Use of Frice EMPLOYEE / NON-EMPLOYEE INFORMATION - Continuation

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

Page 5 of 7

		6	mployee Witness	es				
Emp. #	Last Name		First Name		1	Middle Name		
		Sherman		Sheldon			D.	
Unit of Assignment:	01-1:	Work Assignment (Unit		Shift:	Day @ PM	Regula	r Oo	T Off Duty
Lancaster Emp. #	Last Name	1117	First Name	102		Viiddle Name		
Emp. #	Edot Humo	Taylor	,	Andrew			M.	
Unit of Assignment:		Work Assignment (Unit		Shift:) n (A) nu	0.	- 00:	- Ooff Duty
Lancaster		1111		O EM (Day PM			T Off Duty
Emp. #	Last Name	Cisneros	First Name	Amos	ľ	Middle Name	A.	
Unit of Assignment:		Work Assignment (Unit	#, Module, etc.):	Shift:		Τ_		_
Lancaster	Station	1127	Γ1	O EM (Day PM	Regula	ır () 01	T Off Duty
			n-Employee Witne	sses Middle Na			Ago	D.O.B.
Last Name		First Name		Middle Na	ame		Age	В.О.В.
Street Address			City	Z	ip Code	Phone #1	Ph	one #2
Last Name		First Name		Middle Na	ame	1	Age	D.O.B.
Street Address			City	Z	ip Code	Phone #1	Ph	one #2
							Щ,	
Last Name		First Name		Middle Na	ime	Ag	e	D.O.B.
Street Address			City	z	ip Code	Phone #1	Ph	one #2
Last Name		First Name		Middle Na	ıme		Age	D.O.B.
Street Address	-		City	z	ip Code	Phone #1	Pho	one #2
		Circl Name		Middle Na	me		Age	D.O.B.
Last Name		First Name		Windle Na	une		nge	0.0.5.
Street Address		1	City	Z	ip Code	Phone #1	Pho	one #2
Last Name	i.	First Name		Middle Na	ıme	1	\ge	D.O.B.
Street Address	<u></u>		City	Z	ip Code	Phone #1	Pho	one #2
Last Name		First Name		Middle Na	ime	1	Age	D.O.B.
Street Address			City	Z	ip Code	Phone #1	Pho	one #2
Last Name		First Name		Middle Na	me	- /	\ge	D.O.B.
Street Address			City	Zi	ip Code F	Phone #1	Pho	one #2
Last Name		First Name		Middle Na	me	_ /	Age	D.O.B.
Street Address			City	Zi	ip Code	Phone #1	Pho	one #2

Su prvisor's Report on Use of Frice EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

Page 6 of 7

		Er	mployee Witnesse	s				
Emp. #	Last Name	gden	First Name	Alfonso		Middle Na	ame J.	
Unit of Assignment:		ork Assignment (Unit #	, Module, etc.):	Shift:		T		
Lancaster S		112E	3	○ EM	O Day OPM	-		OT Off Duty
Emp. #		rtinez	First Name	Oscar		Middle Na	ame A	
Unit of Assignment:		ork Assignment (Unit #		Shift:	O Day OPM	(Apr	las (OT Off Duty
Lancaster S		111T	1 First Name	EM		Middle Na		Of Con Baty
Emp. #	Last Name	ang	riist Name	Luan		WINDONE IN	V	
Unit of Assignment:		ork Assignment (Unit #		Shift:	O Day OPM	000		OT Off Duty
Lancaster	Station	1108	-Employee Witnes		O Day OPM	- Ne	guiai	Of Conbady
Last Name		First Name	-Employee withes	Middle	Name		Age	D.O.B.
Street Address			City		Zip Code	Phone #	1	Phone #2
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address			City		Zip Code	Phone #	1	Phone #2
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address			City		Zip Code	Phone #1	1	Phone #2
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address	-		City		Zip Code	Phone #1		Phone #2
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address			City		Zip Code	Phone #1		Phone #2
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address			City		Zip Code	Phone #1		Phone #2
Last Name	1000	First Name		Middle I	Name		Age	D.O.B.
Street Address			City		Zip Code	Phone #1		Phone #2
Last Name		First Name		Middle f	Name		Age	D.O.B.
Street Address		1	City		Zip Code	Phone #1		hone #2
Last Name		First Name		Middle I	Name		Age	D.O.B.
Street Address			City	1	Zip Code	Phone #1	ş	Phone #2
						ſ	Addi	tional Witness

St prvisor's Report on Use of F ce

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

Page 7 of 7

Method

(PO) Personal Weapon (Other) (FH) Firearm (Handgun) (AW) Arwen (RS) Resistance (BC) Baton: (Control) (FR) Firearm (Rifle) (FS) Firearm (Shotgun) (RO) Restraint Device (Other) (BI) Baton: (Impact) (BF) Bodily Fluids (FO) Firearm (Other) (RH) Restraint Device (Handcuffs) (FB) Flashbang (HB) Restraint Device: Hobble (Legs Only) (CN) Canine (TP) Restraint Device: Hobble (TARP) (FL) Flashlight (CR) Carotid Restraint (RE) Restraint Device: REACT Belt (OE) Other Weapon: Edged (CH) Choke Hold (OV) Other Weapon: Vehicle (SP) Sap (CT) Control Holds: (Control Techniques) (TT) Control Holds: (Team Takedown) (OB) Other Weapon: Blunt Object (SH) Shield (OO) Other Weapon: Other (IR) Less Lethal Impact Round (other) (TD) Control Holds: (Takedown) (CE) Chemical (PK) Personal Weapon: Feet/Leg: (Kick) (SB) Sting Ball (OC) Chemical Agents (OC Spray) (PS) Personal Weapon: Feet/Leg: (Sweep) (ST) Stun Bag (PH) Personal Weapon (Hand/Arm) (TR) Taser (TG) Chemical Agents (Tear Gas) (PP) Personal Weapon (Push) (UC) Uncooperative (EX) Explosives

Type of Injury					Bod	y Part Invo	Ived			
(AB) Abrasion (BR) Bruise (BU) Burn (CP) Complaint of Pain (CO) Concussion (DH) Death (DI) Dislocation	(FR) (GS) (HB) (LC) (ND)	Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage	(SD) (ST) (UN) (RM)	Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious Refused Med Treatment NONE	6	Abdomen Ankle Arm Back Buttocks Chest Elbow	(FE) (FI) (GE) (GR) (HD)	Face Feet Fingers Genitals Groin Hands Head	(H) (EX) (LEX) (LEX) (SE) (SE) (SE)	Hip Internal Knees Leg Neck Nose Shoulde Wrist

(HR) High Risk

FORCE USE	BY	FORCE USED A	GAINST	Method	Type of Injury	Body Pari
Name	E# or S#	Name	E# or S#	(Code)		(Code)
Govea	S#1	Courtial	E#1	HR	NN	
Courtial	E#1	Govea	S#1	ST	AB	CH
Courtial	E#1	Govea	S#1	ST	AB	CH
Courtial	E#1	Govea	S#1	ST	AB	CH
Courtial	E#1	Govea	S#1	ST	AB	BK
Govea	S#1	Farley	E#2	HR	NN	
Farley	E#2	Govea	S#1	ST	AB	AD
Farley	E#2	Govea	S#1	ST	NN	
Farley	E#2	Govea	S#1	ST	NN	
Govea	S#1		E#3	HR	NN	
	E#3	Govea	S#1	ŞT	NN	
	E#3	Govea	S#1	ST	NN	
	E#3	Govea	S#1	ST	NN	
	E#3	Govea	S#1	ST	NN	
Govea	S#1	Courtial	E#1	HR	NN	-
Courtial	E#1	Govea	S#1	TR	BÜ	BK
Govea	S#1	Farley,	E#2 & 4	RS	NN	
Farley	E#2 & 4	Govea	S#1	CT	NN	
Govea	S#1		E#3, 5, 6	RS	NN	
<i>(</i>	E#3 & 5	Govea	S#1	CT	NN	
	E#3	Govea	S#1	RH	NN	